

**New Jersey Immunization Information System**  
**ENROLLMENT REQUEST FOR NEW SITES AND PROVIDER GROUPS**

*The following information is required to set you up as an NJIIS Site and Provider; please fill out this form completely. If you have any concerns, please call the NJIIS Help Desk at 1-800-883-0059. **Fax the completed form to the NJIIS Help Desk at 609-588-4543.***

County: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Provider Group Name: \_\_\_\_\_

VFC ID: \_\_\_\_\_ Tax ID (EIN): \_\_\_\_\_

Site Administrator: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Site Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

*(PRINT the name you would like to appear as this provider's signature on the reminder/recall notices i.e. Dr. Bonnie Smith, MD, etc.)*

Vaccine Inventory (Check (✓) if you will be using the following):

☐ Public Stock ☐ Private Stock ☐ Both

Flags (Check (✓) all that apply to your site):

☐ Can be a primary provider ☐ Can give doses

Provider Type (Check (✓) all that apply to your site):

☐ Public ☐ Private ☐ Health Officer ☐ Other

List the names of all the users from your site who will need access to this provider:

1) _____	4) _____
2) _____	5) _____
3) _____	6) _____

**For Internal Use Only**

Faxed: \_\_\_\_\_ Received: \_\_\_\_\_

NJIIS Admin Done: \_\_\_\_\_ Signature: \_\_\_\_\_